

007B - Request For FLAG Telecom Services - Site Consultation

C/O FibreWind Projects Pte Ltd Plant Request 26 Kallang Place #03-16 Singapore 339157 Tel Nos: +65 6498 6728

FLAG Ref No:

Date Received

Fax Nos: +65 6299 5638 Email to: flagplants.fibrewind@gmail.com

REQUEST FOR FLAG TELECOM SERVICES - SITE CONSULTATION TCDW's **Particulars** (Name in Full) NRIC / Identification No: _____ Contact Number: _____ Mobile No:_____ _____ Fax No:_____ Designation: Company Name: ___ Company Address: ______ Email Address: ROCC No.: Location / Description of Work (please attach a clear site plan) Meeting Venue: ____ Meeting Schedule: Contact Person / Name: _____ 10.00am 2.00pm Mobile No: _____

Fee

Site Consultation Fee: \$218.00 and Admin Fee: \$43.60 (inclusive of GST) will be levied or otherwise specified.

Please made your cheque payable to "FibreWind Projects Pte Ltd".



Acknowledgement

- 1. We confirm that all the above information and any attached documents are true and accurate.
- 2. We understand that FLAG reserves the right to make any changes to the arrangements set out herein and acknowledge that any payments submitted to FLAG will be forfeited if we cancel or fail to attend at the appointed time for the site survey for any reason whatsoever.
- 3. We further acknowledge that FLAG's provision of such service does not in any way reduce or replace any of our obligations to carry out the works with care and in accordance with all relevant laws, rules an regulations.
- 4. We are fully liable for any losses or damage FLAG may suffer as a result of any damage caused by us or our sub-contractors or agents to FLAG's pipes, ducts, cables or other infrastructure.

 Name / Signature

 Company's Stamp/NRIC Nos.

 Date

Official use: FibreWind Projects Pte Ltd	Acknowledge & Brief By: Contractor Particular's
Date of site supervision:	Company Norman
Start Time:	Company Name:
End Time:	Person In charge Name:
Name of Staff:	NRIC No:
Signature:	Signature:
Remarks:	Date:
Nemarks.	
Witness By: Flag Telecom Singapore Pte Ltd	Acknowledge & Brief By: TCDW Particular's
Representative Name:	Company Name:
Date:	Person In charge Name:
Signature:	NRIC No:
	Signature:
Remarks:	Date:

Comments / Documentation:		
Method Of Statement to be provided	Risk Assessment to be provided	Safe Work Procedure to be provided
Remarks:		